

3.4. Counseling and Testing System Data (CTS)

Another source of data regarding risk for new infection is information gained through confidential interviews in publicly-funded HIV counseling and testing centers since January 1988. The Counseling and Testing Client System (CTS) is described here. Again, this study does not provide an objective measure of seroprevalence, nor do the persons interviewed represent the entire population of persons infected with HIV. However, the results may prove useful in assessing not only the quality of current counseling and testing, but also the transmission risks of particular groups seeking those services. Since the unit of analysis in the CTS data set is visits rather than persons, repeat testing is problematic. The fact that the counseling and testing sites, generally HIV and STD clinics, are publicly funded, suggests that they attract a clientele that is poorer, less well educated, more urban, more likely to be on public assistance, including TennCare, or uninsured than counterparts who use private facilities. The CTS data set is described here and has been analyzed separately from this report.

The Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services collects data from publicly funded HIV Counseling and Testing Services in 140 different sites across Tennessee. Other sites are located in health departments, public medical clinics, and STD clinics in all 50 states and in major cities. Some states have included drug treatment facilities and prison settings for this program. Test results have been collected in Tennessee since January 1988. The main data elements are derived from HIV-antibody tests reported in aggregate form or from client records about the number of: (1) pretest counseling sessions, HIV-antibody tests, positive tests, and post-test counseling sessions by Counseling and Testing site; (2) HIV-antibody tests and positive tests by self-reported risk category; and (3) HIV-antibody tests and positive tests by age-group, sex and race/ethnicity. Major goals of the testing are to achieve client behavioral awareness and change in order to impede spread of HIV infection. The target population for counseling and testing are persons from high risk exposure groups. Persons visit the public health facility in their community and voluntarily agree to participate in a risk assessment, pre-test counseling, testing, and post-test counseling, with appropriate referral as needed. Strict confidentiality of all records is assured through use of unique record/client identifiers and unique site identifiers.

The CTS data base provides over eight (8) years of cumulative data about the spread of HIV infection among those tested, including information as to where the disease is increasing and/or decreasing and in which target populations. Whether knowledge of HIV status will, in fact, alter risk-related behavior and reduce cases of infection is a question that remains to be answered. Staff at the CTS sites help clients develop a risk reduction plan for use in implementing behavioral changes toward healthier behaviors. The STD/HIV program provides this information to local CTS sites for their prevention planning.